

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Office of Child Care Licensing**

**Controlling Persons Information**

**A Controlling Person is defined in A.R.S. § 36-881.4.** as a person who has, through ownership, the power to vote at least ten percent of the outstanding voting securities; who, if the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten percent of the voting rights of the partnership; who, if the applicant or licensee is a corporation an association or a limited liability company, is the president, chief executive officer, the incorporator, an agent or any person who owns or controls at least ten percent of the voting securities; or who holds a beneficial interest in ten percent or more of the liabilities of the applicant or the licensee.

**Effective August 9, 2001, A.R.S. § 36-889(A) requires** "Each licensee, other than a corporation, limited liability company, an association or a partnership, shall be a citizen of the United States who is a resident of this state or a legal alien who is a resident of this state. A corporation, association or limited liability company shall be a domestic entity or a foreign entity that is qualified to do business in this state. A partnership shall have at least one partner who is a citizen of the United States and who is a resident of this state, or who is a legal resident alien and who is a resident of this state." \*

**A.R.S. § 36-889(B)** "The department shall not issue or renew a licensee unless a list of each of the applicant's or licensee's controlling persons is on file with the department and no controlling person has been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or other state or has had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children."

**A.R.S. § 36-889(C)** "The applicant or licensee shall notify the Department within thirty days after the election of any new officer or director or of any change in the controlling persons and shall provide the department the name and business or residential address for each controlling person and an affirmation by the applicant that no controlling person has been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state or has had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children."

**A.R.S. § 36-889(D)** "Each applicant or licensee shall designate an agent who is authorized to receive communications from the Department, including legal service of process, and to file and sign documents for the applicant or licensee. The designated agent shall be all of the following:

1. A controlling person
2. A citizen of the United States or a legal resident alien
3. A resident of this state."

**Attached is the name and business or residential address of each Controlling Person.**

**I affirm that no Controlling Person, on the attached list, has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children. I declare that the information provided in the application is accurate and complete.**

Name of Facility	Address of Facility	CDC/SGH #
Print Name/Title	Signature	
Print Name/Title	Signature	
STATE OF ARIZONA	)	
	) ss	
COUNTY OF _____	)	

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\* Attach a copy of the Corporation Commission Certificate

Page 1 of 2

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Office of Child Care Licensing**

List of Controlling Persons:

Printed Name	Title	Address	Social Security #	Date of Birth

**DESIGNATED AGENT INFORMATION:**

Agent Name: \_\_\_\_\_ Resident Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Resident Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_\_

Resident Fax Number: (\_\_\_\_) \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_

**Attach a copy of one of the following for the designated agent:**

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.

**\*Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.**